

REPORT OF INACTIVATION

State Form 46800 (R3 / 5-06) INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT 10 N SENATE AVE RM SE106 INDIANAPOLIS IN 46204-2277 Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-233-2706

Please type or print in ink.

Must be completed and returned within ten (10) days.

This form must be filed within 30 days of dissolution or liquidation of business. Reference Indiana Code 22-4-32-23(b).

Placing an account on `Inactive Status' will not relieve the owner of any debts owed to the State of Indiana.

FOR OFFICE USE ONLY			
Effective Date			
Date			
Audit Examiner			
Date			
Completed			
Refund			
Requested			
FILE			

the State of Indiana.		FILE		
This report must be filed if: (check one)				
You or your business discontinued operations in Indiana.				
Your organization is operating without employees in Indiana.				
NOTE: If you have sold, leased, or merged all Indiana assets into another company, you need to complete State Form 46799, `Report of Transfer - Complete Sale.'				
Indiana SUTA No.:()	FEIN:			
Legal Name of Employing Unit				
d/b/a				
Business Address				
City				
Date of last payroll:				
ALL REPORTS AND CONTRIBUTIONS ARE IMMEDIATELY DUE AND PAYABLE UPON CESSATION OR DISPOSITION OF BUSINESS. REFERENCE 640 IAC 3-1-6.				
If there is a different mailing address from the business address listed above, please indicate:				
Current mailing address				
City	State ZIP Code			
Contact person				
Phone No. (Ext				
I certify that the information contained in this notice				